FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90726 021 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000115785

11-4-02

1. Entity Name
WORSHIP CONCEPTS, INC.

Principal Place of Business	Mailing Address
3231 GULF GATE DRIVE SUITE 201 SARASOTA, FL 34231	46 N WASHINGTON BLVD #1 SARASOTA, FL 34236

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
	3231 Gulf Gate Dr.
Suite, Apt. #, etc. same	Suite, Apt. #, etc. Suite 201
City & State	City & State Sarasota FL
Zip / Country	Zip 34231 / Country Sarasota

4. FEI Number 04-3621105 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PATTERSON, JOHN 46 N WASHINGTON BLVD #1 SARASOTA, FL 34236	Name: Albert R. Luper Street Address (P.O. Box Number Is Not Acceptable): 2235 Shadow Lakes Drive City: Sarasota FL Zip Code: 34240

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] Albert R. Luper, President 4-8-03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee Will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE: DP NAME: LUPER, ALBERT R STREET ADDRESS: 2235 SHADOW LAKES DRIVE CITY-ST-ZIP: SARASOTA, FL 34240	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE: VPST NAME: ~~GAYLE, LUPER A~~ Luper, A. Gayle STREET ADDRESS: 2235 SHADOW LAKES DRIVE CITY-ST-ZIP: SARASOTA, FL 34240	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
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CR2E034 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Albert R. Luper 4-8-03 (941) 922-8077

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #